

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ²⁰⁴ 550

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1282 Miami, Ariz
City Miami No. 537 Van Winkle Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Sylvestre (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Nov. 28 - 1928
Month Day Year

8. FATHER Full name Cleofas Sylvestre
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 29 (Years)
14. MOTHER Full maiden name Concepcion Guzman
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex. 18. Birthplace (city or state) Jalisco
(State or country) Mex.

13. Occupation Nature of industry Miner
19. Occupation Nature of industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living. _____ (b) Born alive but now dead. _____ (c) Stillborn. _____
21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12⁴⁵ P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Cron M.D. Physician
(Physician or midwife).

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year

Filed Jan 10, 29 C. E. Dorn Registrar.

Registrar.

125-1128-375